FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

	Name							
W. SCI	HOFIELD & CO.							
Principal Place	of Business	Mailing Address			-{	J! ¶III UIUII BII	AL UNUN ULUL I	AIÁIS BIBII IADI
2601 E OAKLAND PK BLVD #605 FT LAUDERDALE FL 33306		2601 E OAKLAND PK BLVD #605 FT LAUDERDALE FL 33306						
					3. Date Incorporated or Qualified 01/15/1981		of Last Re	
	ace of Business	2a. Mailing Address			4. FEI Number 59-2050522			Applied For Not Applicable
Suite, Apt. #	# elc	Suite, Apt. #, etc.						Additional
2		27		5. Certificate of Status Desired	☑	Fee F	Required	
City & State		City & State	harana "		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
Zφ	Country 25	Zıp 29	Country 30		This corporation has liability for Florida Statutes	intangible ta S No	ax under s	199.032,
24	g. Name and Address of Cur		[30]		10. Name and Address of New		Agent	
			81	Name				
SCHOF	IELD, WILLIAM F		82	Street Addre	ess (P.O. Box Number is Not Accepte	ble)		
	CEAN DR. APT 308							
FT LAU	DERDALE FL 33308		83					
			84	City			85 Zr	Code
						FL	•	
or register familiar wi	to the provisions of Sections 607.05 red agent, or both, in the State of F ith, and accept the obligations of, S	502 and 607.1508, Florida Statu Iorida. Such change was authori: section 607.0505, Florida Statute	tes, the above hazed by the corpores.	ration's boar	ation submits this statement for the pard of directors. I hereby accept the app	pointment as	registered	agent. I am
SIGNATURE .								
		Of a second seco	ICIT. Project and Apopt	nicen abure, re on incom	durken reinetativa	DATE		
	Signature, typed or printed name of registered a OFFICERS		OTE: Registered Agent :	signature required	d when reinstaling) ADDITIONS/CHANGES TO OF	DATE FICERS ANI	D DIRECTO	PRS IN 12
12. TIFLE		gent and tide if applicable. N AND DIRECTORS DELETE	OTE: Registered Agent : 13. 1.1 TITLE	signaturs required		FICERS AND	D DIRECTO	PRS IN 12
12.	OFFICERS	AND DIRECTORS	13.	signaturu required		FICERS AND		
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certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Bill Schofield

Bill Schofield

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-96 (954) 561-3441
Date Daytime Prione #